

SUMMER CAMPS 2019

DIVISION OF PARKS AND RECREATION INDIVIDUAL REGISTRATION FORM FOR ALL CAMPS EXCEPT ESP (Use separate form for each child)

PLEASE PRINT ALL INFORMATION LEGIBLY

Please see attached for important registration dates and deadlines.

Office Use Only:

Date Received: _____
Received by: _____
Receipt No. _____
Scholarship: _____
Amount Pd: _____
Method of payment: (circle one)
Check Cash Credit PO

Camper Name: _____ Age: (as of August 1st) _____ Gender: ☐ M ☐ F

Address of Camper: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Parent/Guardian Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent/Guardian Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Camper lives with: ☐ Parent(s) ☐ Guardian

Did this child attend a Parks and Recreation camp last summer? ☐ Yes ☐ No

EMERGENCY CONTACT AND CHILD RELEASE AUTHORIZATION

(IF PARENT/GUARDIAN LISTED ABOVE CANNOT BE REACHED-MUST PROVIDE AT LEAST ONE CONTACT)

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Note: We cannot release your child to anyone other than the parent(s)/guardian(s) named above or the persons listed on this form. Individuals should be prepared to show identification.

PLEASE CHECK ALL THAT APPLY:

Allergies:

_____ Hay Fever
_____ Ivy Poisoning, etc.
_____ Insect/bee stings
_____ Penicillin
_____ Other Drugs (List)
_____ Asthma
_____ Food
_____ Other (Please specify)

Other:

_____ Seizures
_____ Diabetes
_____ Exposure to Sun
_____ Other (Please specify)

Neuro/Psychological

_____ ADD/ADHD
_____ Epilepsy
_____ Other (Please specify)

Does your child need assistance due to a disability in order to fully participate in this program? (ex: sign language interpreter, one-on-one supervision, etc.) ☐ Yes ☐ No If yes, please describe: _____

If medication is to be taken at camp, please provide the following information:

(Dosage and time to be taken must be marked on the **original medicine container** sent to camp.)

Name of Medication

Dose (# pills, etc.)

Exact time to be taken

What is this medication for? _____

What are the effects of this medication on your child? _____

Family Physician: _____ Phone: _____

Hospital choice in case of emergency: _____

THIS SECTION MUST BE COMPLETED AND SIGNED FOR PARTICIPATION

MEDICAL CONSENT AGREEMENT AND RELEASE: I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in order to grant any additional authorization for medical procedures. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Participant or Parent/Guardian (if minor child): _____ Date: _____

WAIVER AND RELEASE AGREEMENT:

(1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s). _____ Initial

(2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation. _____ Initial

(3) I understand that by signing this application I am responsible for payment and will comply with payment deadlines as specified in parent letter. _____ Initial

(4) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s). _____ Initial

(5) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators. _____ Initial

(6) I understand that Parks and Recreation will issue a 50% refund only if a refund request form is submitted 7 business days prior to the start of the activity, except in special circumstances such as medical reasons. _____ Initial

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Participant or Parent/Guardian (if minor child): _____ Date: _____

FIELD TRIP RELEASE: As a part of our camp program, field trips may be taken. The camp will give advanced notice concerning the location and the type of each individual field trip and any special items that may be needed. If we schedule a trip where the entire camp goes, ALL campers present that day are required to attend. Please sign below to give your child's permission to attend field trips and off-site activities.

Signature of Parent/Guardian: _____ Date: _____

WALKER RELEASE: My child is a walker and has permission to walk to and from the Division of Parks and Recreation camp or bus stop.

Signature of Parent/Guardian: _____ Date: _____